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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/835,663			Filing Date 04/16/2001		To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY					HER THAN
	FOR	JMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (c)	of (c))	N/A		N/A			N/A				N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)	or (m))	N/A		N/A			N/A				N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p), (N/A		· N/A			N/A		:		N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$	=		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		•	x \$	=	·		x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTA	٢		,	TOTAL	
a APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ΛAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	11/08/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	- 27	Minus	~ 31		= 0		x \$	=		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	***5		= 0		X \$	Ξ		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))												
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0
2-3-07 (Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE ((\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(1))	. 18	Minus	3	31			x \$	=,		OR	x s =	
	Independent (37 CFR 1.16(h))	• 3	Minus	444 6	5			X \$	=		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									_	OR		
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	
** f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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